								Application or Docket Number					
	PATENT A	APPLICATIO Effectiv	RD	09/613,389									
CLAIMS AS FILED - PART I (Column 2)								PE	ENTITY	OR	OTHER		
FC)Ř	NUMBE	ER FILED	NU	NUMBER EXTRA			E	FEE		RATE	FEE	
ВА	SIC FEE	2.0060 mile	Antiberral distribution of the contract of the			ego - Les				OR		690.00	
TO	TAL CLAIMS	12	minus 20= •			•				OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 =							OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TÖTAL	690	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (Column Claims Highest I						SMA	LL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. // .	Minus	**	20	= 0	X\$ 9) =		OR	X\$18=	. 0	
	Independent	· '/	Minus	•••	3	= 1)	X39) <u> </u>	1	OR	X78=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130	1	/		260-		
·						٠		TAL	/	OR	+260=	0	
		(O a h		(0.1	۵)		ADDIT.		.	OR	ADDIT. FEE		
		(Column 1) CLAIMS	T		mn 2) IEST	(Column 3)			ADDI-	1 1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT	_,	PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. //	Minus	2	0	= ()	X\$ 9)= -	./	OR	X\$18=	1	
	Independent	· /	Minus	•••	3	= 0	X39	_	/	OR	X78=	1)	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	EPENDEN	r Claim		+130)=		OR	+260=	0	
					•			TAL	/	OR	TOTAL		
		(Column 1)	500	(Colu	mn 2)	(Column 3)	ADDIT.	ree :	Y		ADDIT. FEE		
AMENDMENT C	11/2/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	- 19	RATE	ADDI- TIONAL FEE	
	Total	16.	Minus	2	$\overline{\Omega}$	= 1	X\$.9	<u>.</u>	100	OR	X\$18=	18	
ME	Independent	· 3	Minus	2)	= 0)	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X39	_	·	OR	X78=		
• 6	f the entry in eater	mn 1 is less than th	na antau ia ac	lygna 2	90° in	tumo 3	+130			OR	+260=		
* 1	f the "Highest Nur	mber Previously Pa mber Previously Pa	uid For IN Th	fIS SPACE i	s less tha	n 20, enter "20."	TO' ADDIT. F	TAL		OR	TOTAL ADDIT. FEE	18	
•	The Highest Num	ber Previously Pai	d For (Total	or Independ	ent) is the	highest number	found in the	e app	oropriate box	in col	umn 1.		

FORM PTO-875 (Rev. 12/99)

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